

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

KRZYSZTOF WRZESINSKI,) **CIVIL ACTION**
Plaintiff,)
))
v.)
))
THE UNITED STATES OF AMERICA,)
Defendant) **NO. 22-cv-03568**

AFFIDAVIT OF SERVICE OF SUMMONS AND COMPLAINT

I, Joseph R. Viola, Esquire, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I am the attorney of record for the Plaintiff herein and that I caused a true and correct copy of the Summons and Complaint in the above-captioned matter to be served upon the Defendant The United States of America by serving same on (1) the United States Attorney's Office for the Eastern District of Pennsylvania, Civil Division, and (2) the Attorney General of the United States, in care of the Assistant Attorney for Administration, Justice Management Division, U.S. Department of Justice, by certified first class mail, postage prepaid, return receipt requested addressed as follows:

U.S. Attorney's Office
Eastern District of Pennsylvania
Civil Division
615 Chestnut Street, Suite 1250
Philadelphia, PA 19106

Assistant Attorney for Administration
Justice Management Division
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

This method of service is in compliance with Fed. R. Civ. P. 4(i)(1)(A)(ii) and 4(i)(1)(B), respectively. True and correct copies of both sides of each United States Postal Service

Domestic Return Receipts (PS Form 3811) indicating receipt by the Defendant of the Summons and Complaint are attached hereto as Exhibits "A" and "B," respectively.

I declare under penalty of perjury that the foregoing is true and correct. Executed on September 28, 2022.



JOSEPH R. VIOLA, ESQUIRE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney's Office
 Eastern District of Pennsylvania
 Civil Division
 615 Chestnut Street, Suite 1250
 Philadelphia, PA 19106



9590 9402 5567 9274 3582 78

2. Article Number (Transfer from service label)

7020 2450 0000 7773 5780

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

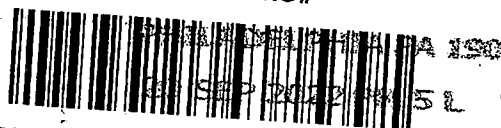
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5567 9274 3582 78

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

US DEPT. OF JUSTICE
 US ATTORNEY ED OF PA

Sender: Please print your name, address, and ZIP+4® in this box*

JOSEPH R. VIOLA, P.C.

A PROFESSIONAL CORPORATION

1515 MARKET STREET

SUITE 1200


PHILADELPHIA, PA 19102


102-193200

EXHIBIT

"A"

tabbles

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X</p> <p>B. Received by (Printed Name) _____</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: SEP 18 2022</p>																
<p>1. Article Addressed to: Assistant Attorney for Administration Justice Management Division U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</p>  <p>9590 9402 5567 9274 3582 61</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Restricted</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Restricted	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>2. Article Number (Transfer from service label) 0 2450 0000 7773 5797</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic																	

USPS TRACKING#	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
 <p>9402 5567 9274 3582 61</p>	
<p>ates vice</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box®</p> <p>JOSEPH R. VIOLA, P.C. A PROFESSIONAL CORPORATION 1515 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19102</p> 